SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

2017

Attachment Sequence No.

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Social security number (SSN)

Principal business or profession. Including product or service (see instructions) B Better cost from instructions		JATHAN T BARAM	XXX-XX-XXXX						
Business name. If no separate business name, leave blank. D Employer to number (EM), (see next)) OT		Enter code from instructions						
Business address (notuding suite or room no.) > 3.10 0 COLLTNS AVENUE APT 1.605 City town or post office, state, and ZIP code MTAMT BEACH, PL 33140 Accounting method: (1) [X] Cash (2) [Accrual (3) [Under (specify)] > 20 Didy out "inaterially participate" in the operation of this business during 2017; (*) No.* (*) see instructions for limit on losses If you started or acquired this business during 2017; (*) No.* (*) see instructions for limit on losses If you started or acquired this business during 2017; (*) No.* (*) see instructions for limit on losses If you started or acquired this business during 2017; (*) No.* (*) see instructions for limit on losses If you started or acquired this business during 2017; (*) No.* (*) see instructions for limit on losses If you started or acquired this business during 2017; (*) No.* (*	S	Trinipul securios of prefession, metaling present of	> 4	Sa					
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(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	- 1	If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.							
 If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. 		(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form	. 31						
32 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. All investment is at risk. Some investment is not at risk.									
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	32		structions).		- Paramet				
on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk.	V.			32a	X All investment is at risk.				
trusts, enter on Form 1041, line 3.		on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and			Some investment is not				
				at risk.					

Case 1:20-cv-09522-ER-VF Document 133-1 Filed 06/21/22 Page 2 of 5

£ 1040 i	J.S. Ir	ndividual Incor	ne Tax Return		OMB No. 154				r staple in this space.	
		r other tax year beginning		, 2017, ending	, 20)		See separate instructions.		
Your first name and initia	al		Last name				7777		XXXX	
JONATHAN		P A	BARAM				Spouse's		ecurity number	
If a joint return, spouse's	first name	and initial	Last name							
Home address (number	and street).	If you have a P.O. box, see ins	structions.			Apt no.			e the SSN(s) above ne 6c are correct.	
3100 COL	LINS	AVENUE				1605				
City, town or post office,	state, and	ZIP code. If you have a foreign	address, also complete spac				Check her	e if you	Election Campaign or your spouse if filing	
MIAMI BE	ACH		. FL	······································	140	an nostal code	iointly, war	nt \$3 to g	o to this fund. Checking	
Foreign country name	,		Foreign pr	ovince/state/county	Fore	gn postal code	refund.	w wiii no	t change your tax or You Spouse	
	· · · · · · · · · · · · · · · · · · ·			. T. T. U	of household (wi	th qualifying pers	on) (See instr	uctions.)		
Filing 1 X	Single			If the	qualifying persor	is a child but no	your depende	ent, enter	r this	
Status ²	8	filing jointly (even if only		child's	s name here.					
Check only one	,	ng separately. Enter spouse's	SSN above	5 Qua	lifiring widow	(er) (see instr	ructions)			
ox.	and full na	me here.	d					1	Boxes checked	
Exemptions		Yourself. If someone						3	on 6a and 6b No. of children	
	b					pendent's	(4) Chk if ch age 17 qua	ild unde	on 6c who:	
	c l	Dependents:		(2) Dependent's social security number		ship to you	for child tax (see instru	credit	lived with you did not live with	
<u>(1)</u>	First name	Last n	ame		W. and the	1	T (SCO III) C		you due to divorce or separation	
f more than four				-2001E					(see instructions) _	
dependents, see				1					Dependents on 6c not entered above	
nstructions and				Z.	13]	Add numbers on lines	
check here		Total number of exempt	ions claimed						above >	
		Wages, salaries, tips, e		Assessmentally, V			7			
ncome		Taxable interest. Attacl					8	a		
		Tax-exempt interest. D			8b					
Attach Form(s)		Ordinary dividends. Att					9	a	***************************************	
W-2 here. Also					9b					
attach Forms b Qualified dividends					1	0				
1099-R if tax				//			1	1		
was withheld.	12	Alimony received							(26	
	13	Capital gain or (loss).	Attach Schedule D if re	quired. If not require	ed, check he	re 🕨		13		
If you did not	14	Other gains or (losses)	. Attach Form 4797			* * * * * *		14	.,	
get a W-2,	15a	IRA distributions • •	1/45V(C)2		b Taxable	amount .	-	5b		
see instructions.	16 a	Pensions and annuities · · 16a b Taxable amount · · · · ·						6b		
	17	Rental real estate, roy	alties, partnerships, S	corporations, trusts	etc. Attach	Schedule E		17		
	18	Farm income or (loss)	Attach Schedule F				• • • •	18		
	19	Unemployment compe	ensation · · · ·					19		
	20 a	Social security benefit			b Taxable	amount .		20b		
	21	Other income						21		
	22	Combine the amounts in	the far right column for I	ines 7 through 21. Thi	s is your total	income · ·	Þ	22	4.0	
A -li4al	23	Educator expenses			23					
Adjusted	24	Certain business expens	es of reservists, performi	ng artists, and						
Gross		fee-basis government of	ficials. Attach Form 2106	or 2106-EZ • • •	. 24					
Income	25	Health savings accou	nt deduction. Attach F	orm 8889 • • •	- 25					
	26	Moving expenses. At	tach Form 3903 · ·		. 26					
	27	Deductible part of sel	f-employment tax. Atta	ich Schedule SE	. 27					
	28	Self-employed SEP, S	SIMPLE, and qualified	plans	- 28					
	29	Self-employed health	insurance deduction	* * * * * * * * * *	. 29					
	30		drawal of savings .							
	31a	Alimony paid b Rec	ipient's SSN ▶		31a					
	32	IRA deduction			. 32					
	33	Student loan interest	deduction		. 33					
	34	Tuition and fees. Atta	ch Form 8917 · · ·		. 34					
	35	Domestic production	activities deduction. A	Attach Form 8903	. 35			36		
	36	Add lines 23 through	35				 bs	37		
	37	Subtract line 36 from	line 22. This is your a	adjusted gross inc	ome · · ·			01	Form 1040	

Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return	20 18	OMB No.	1545-0074	IRS Use Only	Do not write	e or staple in	this spa	ace.
Filing status: X Single Married filling jointly Married filing separa	ately Head	of household	Qualifying widow	(er)				
Your first name and initial Last name Your social security number								
JONATHAN T	BARAM				084 5	4-69	160	
Your standard deduction: Someone can claim you as a	dependent	You were b	orn before Janua	ry 2, 1954	Yo	ou are blir	nd	
If joint return, spouse's first name and initial	Last name			Spou	se's socia	al securit	y num	nber
Spouse standard deduction: Someone can claim your spouse as	a dependent	Spouse was born	before January 2, 19	954 X Ft	ıll-year he	ealth care	cover	age
Spouse is blind Spouse itemizes on a separate return of	or you were dual-sta	tus alien	8	10	exempt (see inst.)		
Home address (number and street). If you have a P.O. box, see	e instructions.		Apt. no.		idential E	Election C	ampa	aign
65 WASHINGTON AVENUE		6		(see	inst.)	You	Sp	ouse
City, town or post office, state, and ZIP code. If you have a fore	eign address, at	tach Schedule 6	6.	If mo	ore than fo	our depen	dents,	i
MIAMI BEACH FL 33139				see i	nst. and			
Dependents (see instructions):	(2) Soc	cial security no.	(3) Relationsh	ip to you	(4) √ if	f qualifies fo		
(1) First name Last name				Child tax credit Credit for other dependent				
		,						
Sign Under penalties of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than taxpayer) is base. Your gign at two	rn and accompanying on all information	of which preparer has	s any knowledge.	st of my knowle				
Your signature Joint return? See instructions.	Date	Your DRI	r occupation VER		PIN, enter it here (see in		entity Pr	rotection
Keep a copy for Spouse's signature. If a joint return, both must sign.	Date	Spo	use's occupation			ent you an Id	entity Pr	rotection
your records.					PIN, enter it here (see in			
Paid Preparer's name Prepare	er's signature		PTIN	Firm's	EIN	Check		
Preparer GEMMA COVIAN	(All the last		P006133	534316	7184	3rd F	arty De	esignee
Use Only Firm's name HRB TAX GROUP	INC		Phone no. 3	15-534	=703	Self-	-employ	yed
Firm's address > 7.41 STH ST	33139							
For Disclosure, Privacy Act, and Paperwork Reduction Act	Notice, see se	parate instructi	ions.			Form 1	1040	(2018)
FDA 18 1040S1 BWF 1040 Form Software Copyright 1996	TO SECURITY							

#1

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

▶Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018

Attachment Sequence No. 09

Nan	ne of proprietor	-	***************************************	•	2	Social	security number (SSN)
JO	NATHAN T BARAM					084	54-6916
Α							er code from instructions
TA	XI & RIDESHARING	SEF	VICES			1	485310
С	Business name. If no separate bus	ness	name, leave blank.			D Emp	loyer ID no. (EIN) (see instr.)
E	Business address (including suite o	r rooi	mno) ▶65 WASHIN	СТС	ON AVENUE APT 6		
	City, town or post office, state, and						
	Accounting method: (1)				er (specify)		
	Did you "materially participate" in the					on loce	es · · · · · X Yes No
	If you started or acquired this busin						
	Did you make any payments in 201						
	If "Yes," did you or will you file requ						F-1 F-1
triberereditti	art I Income	iii eu i	Offils 1099:				····· lies livo
1	Gross receipts or sales. See instru	ctions	for line 1 and check the hov	if this	income was reported to you on		
•	Form W-2 and the "Statutory emp					1	21 3/19
2	Returns and allowances					2	
3	Subtract line 2 from line 1					3	01 3/8)
4	Cost of goods sold (from line 42)				A	4	
5	Gross profit. Subtract line 4 from				No. 100		21310
6	Other income, including federal a				APARE - E-1233 B		440
7	Gross income. Add lines 5 and 6				ANALYSIS ANALYSI ANALYSI ANALYSI ANALYSI ANALYSI ANALYSI ANALYSI A		71 150
Total Company	art II Expenses. Enter expen				USS AVERA		
8	Advertising	8	149	- conflictace -	Office expense (see instructions	18	
9	Car and truck expenses (see		113	19	Pension & profit-sharing plans	19	
	instructions)	9	10,205		Rent or lease (see instructions):		
10	Commissions and fees	10	10,203		Vehicles, machinery, and equipment	20a	1
11	Contract labor (see instructions)	11		46/3805-	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III)		
	expense deduction (not			23	Taxes and licenses		,
	included in Part III) (see instr.)	13		24	Travel and meals:		
14	Employee benefit programs	Altra-			Travel	24a	
	(other than on line 19)	14			Deductible meals		
15 ′	47	15	177		(see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).	. 26	
	Other	16b		27 a	Other expenses (from line 48)		10,939
17	Legal and professional services	17			Reserved for future use		
28	Total expenses before expenses	for b	usiness use of home. Add line	s 8 th	nrough 27a	28	(21, 293)
29	Tentative profit or (loss). Subtract	line 2	8 from line 7 · · · · · · · · · ·			29	(165
30	Expenses for business use of you	r hom	e. Do not report these expens	ses el	sewhere. Attach Form 8829		
	unless using the simplified metho	d (see	instructions).				
	Simplified method filers only: e	nter th	ne total square footage of: (a)	your	home:		
	and (b) the part of your home use	d for	business:		. Use the Simplified		y .
	Method Worksheet in the instructi	ons to				. 30	(0)
31	Net profit or (loss). Subtract line	30 fro	m line 29.		_		
	• If a profit, enter on both Sch 1						
	line 2. (If you checked the box o	n line	1, see instructions). Estates a	nd tru	usts, enter on Form 1041, line 3.	▶ 31	165
	• If a loss, you must go to line 3	2.			_		
32	If you have a loss, check the box	that d	escribes your investment in th	nis ac	tivity (see instructions).		-
	 If you checked 32a, enter the I 	oss oi	both Schedule 1 (Form 10	040),	line 12 (or Form 1040NR,	32a	All investment is at risk.
	line 13) and on Schedule SE, lin	e 2. (f you checked the box on line	e 1, s	ee the line 31 instructions).	32b	Some investment is not
	Estates and trusts, enter on Forn	104	, line 3.				at risk.
	 If you checked 32h, you must 	attac	Form 6198. Your loss may	he lim	nited.		

a Employee's social security number	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
b Employer identification number (EIN) 4.5	1 Wages, tips, other compensation 2 _Eederal income tax withheld
c Employer's name, address, and ZIP code MANAGER 205 LLC	3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld
205 Collins Ave	7 Social security tips 8 Allocated tips 0
Miami Beach FL 33139 d Control number	9 10 Dependent care benefits 0
e Employee's first name and initial Last name Jonathan Baram 65 Washington Ave	Suff. 11 Nonqualified plans 12a See instructions for box 12
Miami Beach FL 33139 f Employee's address and ZIP code	12d
15 State Employer's state ID number 16 State wages, tips, etc. 17	State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
Wage and Tax	Department of the Treasury—Internal Revenue Service

Form WW Statement

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

FAST! Use

